CHAPTER - V

PROFESSIONAL WORLDVIEW
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The first question which comes into one's mind is what do we mean by worldview? The word as such has been used by different scholars in various ways. Broadly, it connotes a set of values, ideas, and beliefs that humans of a particular group or class develop towards the world they construct and encounter. It denotes their political, cultural and religious faiths. It is rather a way of defining oneself — it is a way of looking at the past, present and future.

"A term used synonymously with world - vision and the German Weltanschawng, worldview refers to the sets of beliefs constituting an outlook on the world characteristics of a particular social group, be it a social class, generation or religious sect. For example, the worldview of nineteenth century entrepreneur is said to comprise individualism, thrift, a sense of family propriety, moral order and moderate religious devotion. Sociologist of Knowledge will want to explain why a particular group holds a particular worldview — "

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The concept of worldview is closely tied to an ambitious effort made in the early 1950s by a group of scholars at the University of Chicago, guided by Robert Redfield. He expressed an embryonic concern with the concept of worldview. His concept of worldview is merged with the concept of "Great" and "Little" traditions, which contain a more evolutionary view of the 'loss of purity'. Redfield's original concerns with level of understanding among individuals who hold diverse worldviews developed into the study of interactions between high and low, intellectual and lay, urban and village culture within a great civilization.

The first explicit elaboration of the concept occurred in Redfield's article "The Primitive Worldview". In this he clearly emphasized the individual: Self is the axis of worldview, which is the way the man in a particular society sees himself in relation to everything around him. He hypothesized that there are certain universal elements of worldview. These are:

1. Part of the self from another part, thus establishing, as it were, a dialogue within the self;

2. A human nature from that which is non-human;

3. Classes and categories of the human i.e. social persons.

4. An entity called nature and another described in short hand as god, within the non-human.
Further every worldview includes:

(a) An orientation of the self in time and space by a means of major natural phenomena.

(b) A similar orientation to life-crisis in human existence.

Thus, worldviews seem to vary in regard to the attitude of man toward his relationship with the confronted that "worldview can be seen as a characteristics attitude of purpose and obligation toward that which is confronted whether that be human nature or god nature, whether or not - man is conceived as two things, Nature and God, or whether one of these two prevails over the other, or involved with the other."

The other historical concept of worldview have been done by Calixta Guiertas-Holmes, Charles Leslie, E.M. Mendelson etc. These works did not develop significantly on Redfield concept.

However, E.M. Mendelson attempted to render the concept operational by using Durkheimian and Levi Straussian theory. He suggested that religion be returned to a prominent place in worldview studies, in so far as it would seem fairly consistent to be itself characterized by a methodological approach to phenomena. Taking initiative as the reliever of "the true names of things" as defined by society, he suggested that the question of level of awareness could be ap-
proached through the study of initiation institution in various societies.

The Professional Worldview

The term professional worldview has been used in context of professionals as to how do they conceive the reality around them. It has been observed that professional worldview is different from religious and political worldviews as these have different sets of ethics, code, conduct and lifestyle. It also becomes relevant to study, as the respondent belong to two different systems of the medical profession. In the following discussion, we have tried to probe into the worldview of professionals of the two systems of medicine.

This chapter has been divided into four parts. In the first part, an attempt has been made to elaborate the professional prospects of medical professionals. Our contention is that one's career perception cannot be studied in isolation. It is an aspect of the over all worldview to which person concerned prefers to incline. So in order to study their professional prospects we must analyze their ideological preferences. Secondly, we have examined the societal perception of professional realities. In other words, we can see as to how society perceives the professional practices by
these two systems of medical profession. Thirdly, we have tried to look into the inter professional perceptions. In general, we have tried to highlight the mutual perceptions and views of the Allopaths and Vaids. This chapter will also show the growing trend of relative deprivation among Ayurvedic professionals, and fourthly, we have tried to look into the future of their careers. This is necessary to know as to how do they perceive their career to be and what kind of future actually awaits them.

I

Professional Prospects

Professional prospects are a major facet of every profession. These include, among other things, a process of choosing and entering into a profession. In this part we would discuss the professional prospects conceived by professionals.

Reason for choosing the particular career

Reviewing the European studies on the choice of occupation, Lazarsfeld was the first to make a systematic analysis of occupational choice as a social and psychological process. Ginsberg ascribed the occupational choice to such factors as educational structure and emotional conditions but both Lazarsfeld and Ginsberg failed to acknowledge the importance of the reference group members of the chooser. Miller and Form are of the view that rational occupational choice art.
rare. According to them, in most cases accident is a deciding factor. Blau and his associates maintains that lack of information concerning real opportunities restrict choosing an occupation. Rosenberg views the process of occupational choice as series of "progressive delimitations of alternatives."

The findings of the other studies shows influence of parents, relatives, peers and environment. It is well known that student must have studied Biology, if he is interested in pursuing his career in medicine. Therefore, the decision is not instant but a well planned one. It must have been his/her family decisions and the respondent could only themselves throw a light on these factors influencing their choice of professions. In the case of Allopathic doctors, 22.55 per cent of them had chosen it under parental influence. 45.12 per cent were influenced by teachers and classmates. 34.34 per cent choose this profession because of self decision. These includes accident and chance factors as well. It has generally observed that if a student has studied biology then he takes the examinations customising due to high esteem and prestige attached to this profession.

"Actually, I did not really know about medicine as a career. It just happened that I submitted the form seeing others classmates doing it. It is just a chance that I made it." (An Allopathic doctor)

Another respondent when posed with the same question ......

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"It is difficult to say that who influenced me the most. But I never thought of becoming a medical professional but due to family pressure I had to come into this profession." (An Allopathic doctor)

"Medicine was something I wanted to since my childhood days. You see ... I used to get fascinated by the white apron which my parents used to wear. You can say that it is in my blood."

In case of Ayurvedic doctors, 41.84 per cent opted it because of parental influence. 23.47 per cent decided due to peer and teachers influence and 34.71 per cent decided themselves for joining this profession.

"My father was a renowned vaid. He was consultant of royal family of Varanasi (then Benaras). It was because of him that I joined this profession. (An Ayurvedic doctor).

"You see... it just happened. I don't know whether my decision was right or wrong as I was quite naive at the time of joining this profession. One of my teachers influenced me to study Ayurveda." (An Ayurvedic doctor).

It can be said here that the majority of professionals have been influenced by their parents, peers and teachers. There are some cases, which shows that the agencies to have influenced the decisions were other than parents, peer, etc.

The findings of deciding career by themselves are in accordance with Madans study of Gaziabad and Chandani study of Jodhpur where a substantial number of professional decided the career themselves. It is worth mentioning that in the process of interview, most
of the Ayurvedic doctors, reported that they actually wanted to join Allopathic system but were forced to join Ayurvedic system because of no choice. In U.P. the entrance examination for medical colleges is joint and generally all the top ranking student join Allopathic system. The responses reported above are tabulated in the table below:

Table 5.1

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Allopathic</th>
<th>Ayurvedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Influence</td>
<td>22(21.56)</td>
<td>41(41.84)</td>
</tr>
<tr>
<td>Peer &amp; Teacher</td>
<td>45(44.12)</td>
<td>23(23.47)</td>
</tr>
<tr>
<td>Self Decision</td>
<td>35(34.32)</td>
<td>34(34.71)</td>
</tr>
<tr>
<td>Total</td>
<td>102(100)</td>
<td>98(100)</td>
</tr>
</tbody>
</table>

Reason for joining the Particular Profession:

After having discussed how our respondents made their choice, we will now discuss, 'why' did they make this choice? In spite of several writings, it seems difficult to go down deep into the impulse that leads one to choose a career. The same difficulty was point-
ed out by Brody. Even many of those who claim a special calling confess that they are unable to explain why medicine so powerfully attracted them. No consistent relation seems to hold between thoughtful predictions and future success in medicine. "In striking contrast to a doctor's vivid account of early lack of enthusiasm for medicine, his subsequent description of his professional life is fraught with instances of unsparing devotion to his patients and to his science ...." 

In examining the question: why did they chose medicine as a career, it is evident from the data available that not only the "desire to serve the sick" or "better prospects" but both these together in their diverse combinations along with several other material and non-material have worked together towards making the said choice possible.

Among Allopathic doctors, 21.57 per cent respondents chose it because of altruistic motive; they wanted to serve the sick. 44.12 per cent considered it a profession with 'secure' career and which carries high esteem and prestige in society. 20.59 per cent considered it a 'noble profession' and rest 13.78 per cent were not sure of their choice. Among the Ayurvedic doctors, 19.39 per cent chose it to serve the sick. 22.45 per cent joined this system because of a secure career.
and 23.47 per cent joined it because it is a noble profession. 27.55 per cent joined this system because they could not get Allopathic system. It is worth noticing that a substantial number of Ayurvedic doctors have been forced to join this system because of their low rank in the combined medical test. In a more exhaustive interview they revealed their feeling of relative deprivation in terms of money, status and power vis-a-vis their counterparts in the Allopathic system of medicine. These doctors generally belong to younger generation and are absolutely dissatisfied with their own system of medicine.

The doctors who had joined this system because of a secured career can also be brought into the dissatisfaction level. They joined it because they thought that having a degree in medicine will give a respectability which they otherwise would lack, and they would be able to live comfortably. Another remarkable finding of the study is that only doctors belonging to higher age group are seriously practising Ayurveda and have a pronounced altruistic motivation 'to serve the sick'.

Only 7.14 per cent did not specify the reasons for joining Ayurvedic system of medicine. To illustrate from the views of some professionals:

"I wanted to serve sick people. Actually, I decided to join this profession at a very young age. If I wanted to make money then I would have joined my father's business. (An
"Look, what other professions we have in our society which can match with medical profession? It gives you everything - money, prestige and a sense of self-satisfaction of doing something for people in need. After all, who comes to a doctor - a person who is needy." (An Allopathic doctor)

'I wrote the combined medical test twice and could not improve my rank to get into Allopathic system of medicine. What would I get after doing Ayurveda? Who is practicing Ayurveda? It is a farce, everybody wants quick relief and we don't have those medicines, therefore, why would anybody come to us?' (An Ayurvedic doctor).

"Atleast, you want to write something about us.... Nobody can change the system. I am doing it because I will not die of hunger. I know I am not true to my profession and and its ethics but who is bothered about it?" (An Ayurvedic doctor).

"---- It is true that we don’t really practice the teaching of Dhanvantari and Susruta and do not follow Charak Samhita in toto. Actually, the whole system is responsible for it. People want quick relief and they do not want to follow the long duration of medicine intake prescribed by us. The students are also not here to study Ayurveda only. The modern syllabus for BAMS course have also included Modern allopathic surgery. (Senior Professor of Ayurvedic systems)

We can see from the views and data that Ayurvedic professionals are in a state of fix. The majority is not satisfied with the system and most of them now do not have faith in the very basis and relevance of Ayurvedic system.
Table 5.2

Reasons for joining

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Allopathic</th>
<th>Ayurvedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serve the sick</td>
<td>22(21.57)</td>
<td>19(19.39)</td>
</tr>
<tr>
<td>Secured Career</td>
<td>45(44.12)</td>
<td>22(22.45)</td>
</tr>
<tr>
<td>Noble profession</td>
<td>21(20.59)</td>
<td>23(23.47)</td>
</tr>
<tr>
<td>No other choice</td>
<td>-----------</td>
<td>27(27.55)</td>
</tr>
<tr>
<td>Any other</td>
<td>14(13.73)</td>
<td>7(7.14)</td>
</tr>
<tr>
<td>Total</td>
<td>102(100)</td>
<td>98(100)</td>
</tr>
</tbody>
</table>

Professional qualification of Respondents

A person becomes eligible for medical profession after doing M.B.B.S. or B.A.M.S. But some of them often decide to go for some additional education as post graduation, super specialization or for Ph.D courses. Since medical science is advancing everyday; therefore, it is generally required from a person to do some specialisation enabling him to stand in the competitive medical field.

The data reveals that in Allopathic system, 20.59 percent of respondent had only M.B.B.S. Degree. A majority of 62.74 per cent were post graduates (having
acquired M.D. or M.S. Degree) 13.72 per cent were super-specialized in their fields (having acquired D.M. or M.Ch. Degree) and only 2.94 percent were Ph.D. It can be noted here that all the professionals having Ph.D degrees belonged to non-clinical subjects like Pathology, Bio-Chemistry etc.

In Ayurvedic system of medicine, 43.88 percent were graduates only. While 39.80 percent had acquired post-graduate degrees and 16.32 per cent were Ph.D. It can be seen from the above discussions that there is a greater number of postgraduate degree holders in Allopathic system than in Ayurvedic system. There are also no super-specialities in Ayurveda. Due to the absence of super-specialities, we have more number of Ph.D. holders in Ayurveda. Thus, we can say, the respondents in general are more qualified.
Table 5.3

Professional qualification of Respondents

<table>
<thead>
<tr>
<th>Degree</th>
<th>Allopathic</th>
<th>Ayurveda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate</td>
<td>21(20.59)</td>
<td>43(43.88)</td>
</tr>
<tr>
<td>Post Graduate</td>
<td>64(62.74)</td>
<td>39(39.80)</td>
</tr>
<tr>
<td>Super Specialist</td>
<td>14(13.72)</td>
<td>---</td>
</tr>
<tr>
<td>Ph.D</td>
<td>3(2.94)</td>
<td>16(16.32)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>102(100)</strong></td>
<td><strong>98(100)</strong></td>
</tr>
</tbody>
</table>

Attitude of Doctors on Death of Patients

This question was put to the professionals in order to know about their reaction on patient's death. In Allopathic system of medicine 45.10 per cent reported to be sad. 29.4 percent were depressed and frustrated and rest 25.49 percent took it in a normal and routine way.

One Nephrologist said:

"I could not sleep the whole night the day I signed three death certificates. It was a depressing feeling. I know that I did my best but could not save the lives of the patients. It is really frustrating to see a patient die. After all, that is what I am there for" Still another view came from a senior professor from medical college.

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"We have learned to take it normally. You see, we are just an instrument. We do feel sorry when patients die due to fault of hospital staff but we have learned to live despite all such occasional lapses."

In Ayurvedic system only 6.12 per cent feel sad. 23.47 percent feel depressed or restless and a majority i.e. 70.14 percent take it 'normally'. The majority of doctors had received these patients during the last stage of disease.

A senior doctor of State Ayurvedic Hospital mentioned

"Actually, people come to us generally with minor ailments. In serious cases, they generally come to us when their diseases become unmanageable by the Allopathic doctors. We are not Gods. What else can we do than to take things normally?"

It is clear from the above statements that there is sense of duty towards patients among Allopathics and it makes them sad and upset when a patient dies. Ayurvedic doctors on the other hand, do not receive serious patients in time to attend to get their treatment.
Table 5.4

Attitude on Death of Patient

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Allopathic</th>
<th>Ayurvedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad</td>
<td>46(45.10)</td>
<td>6(6.12)</td>
</tr>
<tr>
<td>Depressed/Tense</td>
<td>30(29.41)</td>
<td>23(23.47)</td>
</tr>
<tr>
<td>Normal</td>
<td>26(25.49)</td>
<td>69(70.41)</td>
</tr>
<tr>
<td>Total</td>
<td>102(100)</td>
<td>98(100)</td>
</tr>
</tbody>
</table>

Doctor's reaction towards patient's insistence on prescription

It is necessary to know that doctors have a peculiar attitude towards patients who—without any competent understanding of the situation, do insist on being treated in a specific manner or with a specific drug or injectible, etc. Patients generally demand 'tonic' or some 'vitamins' in order to regain health expeditiously. It has also been observed that with Ayurvedic system the process of cure is rather slow or stretched over longer periods as compared to the Allopathic system. Patients do want quick reaction to the medicine and therefore they insist on being prescribed a
medicine with relatively quicker effect.

Data shows that in Allopathic system 1.96 per cent of respondents oblige the patients by conceding their demand. 6.86 percent feel irritated and at times rebuke the patients. A majority of 70.59 percent try to explain to the patients the positive and negative aspects of the insisted medicine and the rest i.e. 20.59 per cent ignore the demand all together. In Ayurvedic system, the scene is not much different. 4.08 per cent oblige the patients and 7.14 per cent get irritated. A majority, i.e. 73.47 per cent try to understand the problem of patients and explain them about the 'reactive' effects of the medicine. 15.31 percent ignore such suggestions from patients. Thus, we can see that majority of the doctors try to explain to the patients and bring home to them the necessity of going along the doctor’s own judgement.

Table 5.5

Doctor’s reaction on patient demand of prescription

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Allopathic</th>
<th>Ayurvedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oblige</td>
<td>2 (1.96)</td>
<td>4 (4.08)</td>
</tr>
<tr>
<td>Feel irritated</td>
<td>7 (6.86)</td>
<td>7 (7.14)</td>
</tr>
<tr>
<td>Explain</td>
<td>72 (70.59)</td>
<td>72 (73.43)</td>
</tr>
</tbody>
</table>
Doctor's Emergency duties:

One can get ill any time. There is no specific time when a patient would need a doctor. In this regard, respondents were asked: how often they were called for emergency duties (night calls in case of private practitioners). In the case of Allopathic doctors, 21.56 percent receive emergency call at least once a week. 32.35 per cent receive it at least twice a week and 26.4 per cent receive once in fifteen days. There are 19.61 per cent who receive calls twice in fifteen days.

Among Ayurvedic doctors, a majority i.e. 72.46 per cent do not receive emergency calls frequently. In case they received any, they generally refer them to Allopathic hospitals. Rest 27.54 per cent receive calls once in 15 days. It is important to note that doctors who receive emergency calls are attached to institutional hospitals. They also come to attend emergency duties in a routine manner.
### Table 5.6
**Doctors Emergency duty**

<table>
<thead>
<tr>
<th>Frequency of Calls</th>
<th>Allopathic</th>
<th>Ayurvedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a week</td>
<td>22(21.56)</td>
<td>--</td>
</tr>
<tr>
<td>Twice a week</td>
<td>33(32.35)</td>
<td>--</td>
</tr>
<tr>
<td>Once in fortnight</td>
<td>27(26.47)</td>
<td>---</td>
</tr>
<tr>
<td>Twice in fortnight</td>
<td>20(19.61)</td>
<td>27(27.54)</td>
</tr>
<tr>
<td>Never</td>
<td>---</td>
<td>71(72.46)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>102(100)</td>
<td>98(100)</td>
</tr>
</tbody>
</table>

**Rate of Participation in Conferences/Symposia:**

Besides performing their duties towards the patients, the doctors also devote their time to other activities which have direct bearing on their profession. In order to know about their participation in conferences and symposia, two related questions were asked: (a) Do you attend conferences and symposia? (b) If not, then why are you not able to attend these conferences?

(a) In response to the first question, 69.61 per cent of Allopathic doctors do attend conferences and 30.39 per cent never attend any conference or symposia. In Ayurvedic sys
tems 42.86 per cent attend academic conferences and res
57.14 per cent never attend these conferences. From the abov
data, it is evident that majority of Allopathic doctors
attend conferences to know the new researches and happening
in their field but majority of Ayurvedic doctors, who ar
generally not attached to any institution, do not attend
academic conferences frequently.

Table 5.7

<table>
<thead>
<tr>
<th>Participation in conferences/symposia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

(b) The second question related to this was asked "why
you do not attend conferences/symposia":
48.38 per cent of Allopathic doctors could not get time
as they were very busy with their work. 6.45 percent
were not interested. Only one respondent felt that it
was not useful for professional knowledge. In his words:

"Academic conferences are no more 'academic' now. People go there to socialize and do
sight seeing. There is no relevant discussion and you can find that there are only speakers
in few sessions with no audience. It is ridiculous. I have stopped going to conferences.

And 41.94 per cent could not attend because of financial reasons as they were not given financial assistance from their institutions.

In case of Ayurvedic doctors, 31.03 per cent do not attend conferences because of time constraint or being too old to travel. Only 6.89 per cent were not interested and a majority, i.e. 41.37 per cent do not find it useful for professional knowledge.

"--- Who discusses Ayurveda now. In all these seminars they discuss about the integrated approach of Ayurveda and Allopathic system. Now you tell me how can their integration be possible. No body is interested in Ayurveda -- --."

And 20.68 percent do not get proper financial assistance to attend these conferences. It can be said that majority of doctors in both systems of medicine could not attend conferences because of financial reasons or scarcity of time.
Table 5.8

<table>
<thead>
<tr>
<th>Reasons for not attending conferences</th>
<th>Allopathic</th>
<th>Ayurvedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not have time</td>
<td>15(48.38)</td>
<td>18(31.03)</td>
</tr>
<tr>
<td>Not interested</td>
<td>2(6.45)</td>
<td>4(6.89)</td>
</tr>
<tr>
<td>Not useful for professional knowledge</td>
<td>1(3.23)</td>
<td>24(41.37)</td>
</tr>
<tr>
<td>Financial reasons</td>
<td>13(41.94)</td>
<td>12(28.57)</td>
</tr>
<tr>
<td>Total</td>
<td>31(100)</td>
<td>58(100)</td>
</tr>
</tbody>
</table>

Awareness of medical ethics

Every profession has some ethical standard. Allopathic professionals take oath in the name of Hippocrates (father of Allopathic medicine), whereas Ayurvedic practitioners take oath in the name of Dhanwantari - The mythological Godhead of Ayurvedic system.

At the time of joining the profession, the doctors have to take an oath and pledge to adhere to it. They are expected to be aware of the existing medical ethics and its provisions.

About the awareness of medical ethic, 92.16 per cent of Allopathic doctors were aware of it and only 7.84 per cent were ignorant about it. Amongst Ayurved-
ic doctors, a majority i.e. 77.44 per cent were aware of it and only 27.55 per cent did not show the said awareness.

<table>
<thead>
<tr>
<th></th>
<th>Awareness of Medical Ethics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Allopathic</td>
</tr>
<tr>
<td>Yes</td>
<td>94 (92.16)</td>
</tr>
<tr>
<td>No</td>
<td>08 (7.84)</td>
</tr>
<tr>
<td>Total</td>
<td>102 (100)</td>
</tr>
</tbody>
</table>

Acceptance of Medical Ethics

Did this awareness on the part of the doctors, of the medical profession, in any way persuade them to follow the ideals set in there? Were they true to the oath they had taken? The responses of the doctors were taken on three point scale namely "great extent", 'Some extent' and 'Not at all'.

The responses reveal that 31.37 per cent of Allopathic doctors accept the relevance of medical ethics in day to day practice they pursue. 51.96 per cent accept it to some extent and 16.67 per cent do not follow it at all. It shows that a substantial percentage of the medical professionals follow the dictates of
professional ethics only to some extent only. It may also be noticed here that the majority of the doctors accept it according to their convenience. Among the Ayurvedic doctors, 32.65 per cent accept it 'to a great extent', 37.75 per cent accept and follow it 'to some extent' and 29.59 per cent 'do not follow it at all'. Therefore, we can see that, even among the Ayurvedic doctors, there is a pronounced neglect of professional ethics -- at least among those that we interviewed for this study.

II

Societal Perception of Professional Realities

In the second part of this chapter, we will analyse societal perception of professional realities. The rational for this exercise is that sensorium and gratification will have bearing on the behaviour of patient in many important ways.

It is generally believed that doctors have some special qualities which the people of other professions do not have and that they have some basic expectations from their profession. Since the respondents belong to this profession, they are in a better position to speak about all these and about the special qualities doctors are expected to have.
Special qualities expected from doctors

The respondents were asked to identify any special qualities they expect to be present among the doctors. It was an open-ended question and they were free to specify. There was not any single quality they expected in doctor, rather they normally mentioned a combination of attributes. On the basis of their answers, four qualities could broadly be classified. These are: courtesy, dedication, expertise and humanitarianism.

A majority, i.e. 93 per cent of Allopathics and 85 per cent of Ayurvedic respondents hold courtesy to be a special quality of doctors. According to them, doctors should be polite and well-mannered in dealing with their patients and their attendants. 71 per cent of Allopathic and 47 per cent of Ayurvedic doctors feel that they should be dedicated to their work and work in the interest of their patients. 54 per cent of Allopathic and 17 per cent of Ayurvedic respondents feel that expertise is highly critical to the doctor's professional role. Accordingly, doctors should be well-equipped with the latest skill and knowledge of their profession. Humanitarianism as a special quality has been mentioned by a small (27 per cent) of Allopathics but a larger number (64 per cent) of the Ayurvedic
doctors.

Doctor's Opinions of Their Image as seen by the People

The data about doctors image held by people reveals that 10.78 per cent of Allopathic and 9.18 per cent of Ayurvedic doctor consider themselves to be 'special person'. 18.63 per cent of Allopathics and 14.28 per cent of Ayurvedics considered them 'angel'. A vast majority of professionals feel (60.78 per cent) in Allopathic and 52.03 per cent in Ayurvedic category) that doctors are easily approachable.

As one Allopathic doctor said:

"Being a heart specialist, I get majority of cases from the affluent people. It does not mean that poor people do not have heart problems, but that the majority of the rich people consider us a commodity and by paying our fees they simply feel that they have brought our expertise."

3.92 per cent of Allopathic and 15.31 per cent of Ayurvedic doctors feel that people think them to be their 'servant'.

"Actually the main problems with people is that they don't consider us to be human. They expect something extra from us. After all, they should try and understand our problems and limitations also." (An Ayurvedic doctor)

5.88 per cent of Allopathics and 9.18 per cent of Ayurvedic doctors did not give any response on
the above theme.

Table 5.11

Doctor’s Perception of their image seen by People

<table>
<thead>
<tr>
<th>Image</th>
<th>Allopathic</th>
<th>Ayurvedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special person</td>
<td>11(10.78)</td>
<td>9(9.18)</td>
</tr>
<tr>
<td>Angel</td>
<td>19(18.63)</td>
<td>14(14.28)</td>
</tr>
<tr>
<td>Approachable</td>
<td>62(60.78)</td>
<td>51(52.04)</td>
</tr>
<tr>
<td>Like servant</td>
<td>4(3.92)</td>
<td>15(15.31)</td>
</tr>
<tr>
<td>No statement</td>
<td>6(5.88)</td>
<td>9(9.18)</td>
</tr>
</tbody>
</table>

Total 102(100) 98(100)

Knowledge of life history of patient

The patient’s history or the history of disease is useful for the doctors in treating the patients. It helps in proper diagnosis as well as in prescribing appropriate medicine. In Allopathic doctors, only 23.52 per cent of doctors always take the life history of patients. 50.99 per cent of doctors take these only in chronic cases and 22.49 per cent do not take life-histories of the patients. It should also be noted that doctors who do not take life history of patients belong to areas like Orthopaedic, Radiology, Dentistry etc., as this was not very crucially required in these areas. Some could not manage to do it simply because of work load.
Among Ayurvedic doctors, a majority, i.e. 53.06 per cent of doctors always take the life-history. Their answer is in accordance with the method of treatment. Since Ayurveda study the patients' diseases wholistically, taking life-history, therefore, becomes meaningful. 31.63 per cent of respondents take it only sometimes and 15.31 per cent never do it. According to them, the poor and illiterates are not able to narrate the life-histories properly. Some respondents also reported that they could not do so because of work load.

Table 5.12

<table>
<thead>
<tr>
<th>Practice</th>
<th>Knowledge about life history</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Allopathic</td>
</tr>
<tr>
<td>Always</td>
<td>24(23.52)</td>
</tr>
<tr>
<td>Sometimes</td>
<td>52(50.99)</td>
</tr>
<tr>
<td>Never'</td>
<td>26(22.49)</td>
</tr>
<tr>
<td>Total</td>
<td>102(100)</td>
</tr>
</tbody>
</table>

**Emotional Involvement of Doctors**

Doctors like all other human beings have their likes and dislikes which go a long way in influencing their behaviour towards their clients - some of them are emotionally prone; some wish to provide professional service only while others like to take all pa-
tients in their stride. But if they want to be true to their professional role, they should serve their clients without any discrimination. Among the Allopaths - 50.98 per cent reported that they tried to avoid emotional involvement upto a great extent. 44.08 per cent avoid emotional involvement upto some extent and only 2.94 per cent do not avoid emotional involvement at all. Comparitively, 45.92 per cent of Ayurveds reported avoiding emotional involvement 'upto a great extent'; 38.74 per cent 'upto or some extent' and 15.3 per cent of Ayurvedic doctors not avoiding emotional involvement at all. It therefore, can be said that doctors try to avoid excessive emotional involvement with the patients.

Table 5.13

Avoidance of Emotional Involvement

<table>
<thead>
<tr>
<th>Extent of Involvement</th>
<th>Allopathic</th>
<th>Ayurvedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>To a great extent</td>
<td>52(50.98)</td>
<td>45(45.92)</td>
</tr>
<tr>
<td>To some extent</td>
<td>47(47.08)</td>
<td>38(38.77)</td>
</tr>
<tr>
<td>Do not avoid</td>
<td>3(2.94)</td>
<td>15(15.31)</td>
</tr>
<tr>
<td>Total</td>
<td>102(100)</td>
<td>98(100)</td>
</tr>
</tbody>
</table>
Doctor's relationship with patients

Patients' confidence in the doctors' judgement and patients, good opinions are assumed to be important aspects of the doctors-patient relationship. The doctor's role as 'trusted medical experts' has been described in models of doctors-patient interaction which are based on consensus about role-expectations. However, physicians and patients may have a differing and even conflicting perspective, and the structure of medical practice may affect the way roles are managed. The respondents were asked as to how do they manage their relationship with patients. Almost all the respondents of both the systems of medicine reported to have cordial relationship with the patients. Only one or two respondents narrated some story about their relationship becoming sour. In general, therefore, relationship was reported to be warm and cordial.

Doctors treatment with Patients

Even though doctors normally report maintaining cordial relations with all their patients, it is generally believed that they are not equally disposed to all. To explore this further, doctors were asked "Do you think that all the patients are fairly and equally treated by you?" The results are highly significant. Where as 47.07 percent of Allopathic and 45.92 percent
of Ayurvedic doctors did not report making any distinction 53.93 percent of Allopathic and 54.08 percent of Ayurvedic doctors did admit that they made some distinction or the other. Since a significant number of doctors from both the systems mentioned that all patients did not 'equal' treatment from them, therefore, it would be useful to know the types of patients who received special care. The doctors reported bestowing special care on their relatives, their friends or close contacts including the professional contacts or those patients who were mediated through these contacts. Besides, high social status, political power of the patients also persuaded the doctors to show special care. Special care was also shown to the patients suffering from serious diseases and those requiring immediate attention.

Table 5.14
Doctors treatment with patients

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Allopathic</th>
<th>Ayurvedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal treatment</td>
<td>47(46.07)</td>
<td>45(45.92)</td>
</tr>
<tr>
<td>Unequal treatment</td>
<td>55(53.93)</td>
<td>53(54.08)</td>
</tr>
<tr>
<td>Total</td>
<td>102(100)</td>
<td>98(100)</td>
</tr>
</tbody>
</table>
In this part of the chapter, we have discussed the role-perception and role-performance of the professional. At the same time we have also taken patients' view into consideration. The inter-professional perceptions of the each other would be discussed in the next part of this chapter.

III

Inter Professional Perception

In this part of the chapter we have tried to look into the relative perception of the two systems of professionals on the part of each other. It becomes important to know about their perceptions because the two systems are derived and different in terms of their basic theoretical system which provides the understanding of their diagnosis, prescription and cure. The exercise being undertaken here would also enable us to look into relative deprivation, if any, among the two professionals vis-a-vis each other.

Perception about own system:

The doctors were asked to narrate what do they think about their own system of medicine. It was actually meant to decipher their relative feeling of
competence to treat their patients. Since this question was open ended, we got quite a range of answers. Nearly all the Allopathic doctors felt that their system has more research based as such more suited to and meet the demand of the time. There are more number of patients coming to them because of "quick relief" potential of Allopathic drugs.

In case of Ayurvedic doctors, the scene is bit different. A vast majority (70.23 per cent) felt that their system was competent enough to take on any challenge. At the same time, they also felt that classical practice is on the decline. Since all the original text of Ayurveda is written in Sanskrit, therefore, students of Ayurveda find it difficult to follow. The new researches are also not taking place because of inadequate Governmental support.

"Well, I do'nt think that Ayurvedic medicines are any less effective than Allopathic drugs. The problem lies with society. The life has become so fast that nobody is ready to follow a longer course as desired by Ayurvedic medicine, which tries to shoot out from its very base. More so, even for the production of Ayurvedic medicine, the requisite quality control is not there. The market forces are simply the killers of Ayurvedic
been found that Allopathic doctors have more number of patients in their place of work. The Ayurvedic doctors were asked few questions to know whether they felt deprived or not. The result would be discussed in following part of this section:

Consultation with other medicine practitioners

In order to know the relative deprivation, the question asked was: "In times of crisis, do you consult the practitioner of other systems of medicine."

In response to the above question, 89.22 percent of Allopathic doctors do not consult Ayurvedic doctors. It is because the latter was perceived to be slower in effectivity, and not much useful in handling emergency situations. Only in chronic cases, a mere 10.78 percent of doctors would consult the practitioners of Ayurvedic system.

"No I don't consult the practitioner of Ayurveda. Why should I? In emergency conditions like heart attack or serious accident, we depend on Allopathic medicine only."

(An Allopathic doctor)

The case of Ayurvedic doctors is entirely opposite. A vast majority, i.e. 95.92 percent of them refer their emergency cases to Allopathics. They also agree that Ayurvedic medicine takes long time in curing diseases. Most of them also agreed to prescribe Allopathic drugs to emergency patients. In Ayurveda, a
disease is seen as a consequence of disharmony with the cosmic order. Thus a patient is treated within the context of his/her social cultural and spiritual environments.

"Yes, a sense of deprivation comes in mind when we are not able to take up serious cases. Now, people also do not come to us in emergency. They go to Allopathic doctors or hospitals because they are better equipped." (An Ayurvedic doctor)

It can be seen from the above discussion that Ayurvedic doctors feel strongly deprived in that they are not able to take up serious cases.

Table 5.14
Consultation by other medicine practitioner

<table>
<thead>
<tr>
<th>Response</th>
<th>Allopathic</th>
<th>Ayurvedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>---</td>
<td>94(95.92)</td>
</tr>
<tr>
<td>No</td>
<td>91(89.22)</td>
<td>-----</td>
</tr>
<tr>
<td>Sometimes</td>
<td>11(10.78)</td>
<td>4(4.08)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>102(100)</strong></td>
<td><strong>98(100)</strong></td>
</tr>
</tbody>
</table>
Comparison with other systems of medicine:

The respondents were asked to report whether or not they were getting their due credit in comparison with practitioners from 'other' system of medicine. This question became applicable to Ayurvedic professionals only as all the Allopathes feel, without exception, that they get their due credit in comparison with the Ayurvedic system of medicine.

In response to this question, 63.27 per cent feel that they are not getting their due when in fact they are no less competent than their counterparts in Allopathic system of medicine. They give many reasons for their discomforts. They feel that government is not giving much preference to Ayurveda and as a result, very meagre resources are allotted to Ayurveda for the developmental work in comparison with Allopathic medicine. They also demand a pharmaceutical control by the Government. Few doctors also alleged the prevalent corruption in Ayurvedic hospitals where huge bribes are given by suppliers for low quality medicine.

A senior retired professor said:
"Despite the official and declared policy of the Government of India to offer encouragement to all systems of medicine and despite the fact that several state Governments have set up Ayurvedic colleges also, the Ayurvedic system of medicine has not attained the sort of acceptance and popularity that one would have expected. One of its great advantages is that generally speaking, its cost is lower and in a country like ours, with millions still
struggling below the poverty line, the system fill a very important need. But so strong is the impact of modern medicine that even in villages we find that people preferred Allopathic to Ayurvedic System."

Another problem is less money. P.G. doctors of Ayurveda are reported to be getting less money as compared with their counterparts in Allopathic system. These unsatisfied Ayurvedic doctors also feel that their system of medicine has not been popularized properly. 36.73 per cent doctors are not unsatisfied with their situation and feel satisfied with their life. They do not feel deprived by the other system of medicine.

As one doctor puts it:

"It gives me a sense of satisfaction when patient gets fully cured. I get a lot of patients who have tried Allopathic medicine for years and could not be cured. Ayurvedic text are very rich source of knowledge. In chronic cases people come to us only."

Another doctor said:

"I am fully satisfied with my profession. How can you treat human body with medicine which treats only at symptomatic level. A human body is non-divisible unity, an integrated whole which cannot be reduced in terms of its part, nor can the individual be separated from his or her social, cultural and spiritual environments and cosmic links; and such a perspective is inherent to Ayurveda."

Most of them feel that even if they are not getting due support from the government they are carry on with their work. They feel more satisfied by practicing Ayurveda and treating the cases abandoned by Allo-
Coping Mechanism in unsatisfactory situations:

The respondents were asked as to how do they cope with unsatisfactory situations of work. It was applicable to only 62 doctors. The results show that of 51.61 per cent carry on with their work even if, at times, they feel sad about it. 30.65 percent are 'not bothered' about it. They have taken it as a way of life.

As one doctor said:

"Why should I bother when patients themselves are not bothering about the side-effects of Allopathic medicine. They may get relief for the time being --- but this is what they want. The life has become such that everybody wants immediate relief."

A small number 17.74 per cent doctors feel that they belong to 'inferior system' as compared to Allopathics. They are basically those doctors who took this profession because there was no option left for them. Also, they are of younger generation.

As one Ayurvedic doctor reported:

"I got Ayurveda because I could not get admission in Allopathic medicine because of my low rank in the integrated admission test. Even when I am practising Ayurveda for my livelihood, I know this system is not equal in
status to Allopathic system. Those who say that Ayurveda has lot of potential these days are bluffing. Tell me, where is our clientele. Whereas Allopathic reaserches are touching new height we are still sticking to the writings of Charaka and Sushruta."

So this small percent of doctors feel completely disillusioned. They have taken these conditions as their destiny.

Table 5.15

<table>
<thead>
<tr>
<th>Coping Mechanism in unsatisfactory situation</th>
<th>Ayurvedics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carry on their work</td>
<td>32(51.61)</td>
</tr>
<tr>
<td>Not bothered</td>
<td>19(30.65)</td>
</tr>
<tr>
<td>Feel that they belong to inferior system</td>
<td>11(17.74)</td>
</tr>
</tbody>
</table>

Total 62(100)

IV

Career Future

After discussing the relative deprivation of doctors, this section will focus on their future in the particular profession. As we have already seen in the preceding section, only Ayurvedic doctors feel relatively deprived rather than Allopathic doctors. Therefore, this section will mainly try to highlight their career prospects.

It is true that Allopathic medicine's has
quick — almost 'magical' powers in certain areas of diagnosis and cure. This gives it a position of supremacy among various systems of healing. In the countries of its origin, the state also perceived its political and economic potential. Medical research and its institutions got significant state support and were encouraged both as a medium for the expanding market forces as well as the professional medical guilds. The focus of medicine got shifted. Protection of life no more remained the central objective of intervention. 'Life' was equated with the objective of the growth of Allopathic system. The shift was camouflaged with a lot of propaganda about progress in the name of mankind. This obscured the growing insensitivity of modern medicine to certain other aspect of life which too needed to be looked after. It was Illich who first highlighted the extent of 'sickness' inherent in modern medicine. His analysis of modern medicine's internal dynamics was scathing and made many of its admirers reconsider their position. In India also there is minority of people who are shifting their interest to Ayurveda. The basis of this current interest is the belief that traditional system offer a harmless and holistic approach to disease. Till the late nineteenth century modern medicine had a little to offer in terms of cure and prevention. Its cure was primitive as compared to Ayurveda. In
other words, both systems shared the methodology on the basis of which the traditional science of Ayurveda was considered objective and holistic.

In this study, doctors were asked about their future prospects in this profession. Since almost all the doctors of Allopathic medicine feel that their professional prospect are very good and they have got a lot of opportunities to do well, therefore we concentrated our enquiry to Ayurvedic doctors.

**Future perception by doctors**

As already stated that, all the doctors of Allopathic system of medicine perceive their future 'quite good' as they feel they belong to the best system. The same question was put to Ayurvedic doctors. 59.18 per cent of doctors feel their future quite promising. According to them, the number of patients coming to Ayurvedic medicine has increased and the new concept of integrated medicine will certainly help the Ayurvedic doctors.

"The people have started realising the bad effects of Allopathic drugs and now we find a large number of patients from the affluent sections of society." (An Ayurvedic doctor)

Another doctor said:
"The whole of west has started realising the
potential of Ayurveda. My paper got a lot of appreciation in Berlin last year. There were a lot of people interested in Ayurvedic medicine because they have realised that this has got no side effect."

17.35 per cent of doctors still do not see their future as secured in Ayurveda as their counterpart. However, there were also a substantial doctors (23.47 per cent) who were not sure about the future of ayurveda.

What about India? Still the government is pumping money for Allopathic medicine. This economic liberalisation will bring more multinationals in the market with more Allopathic drugs. There is no company which makes standard drugs in Ayurveda".

(An Ayurvedic doctor)

They are of the view that Ayurveda has got a lot of potential but due to Government apathy and lack of funds it is going down.

Table 5.16

Future Perception of Doctors

<table>
<thead>
<tr>
<th>Perception</th>
<th>Ayurvedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>58(59.18)</td>
</tr>
<tr>
<td>Bad</td>
<td>17(17.35)</td>
</tr>
<tr>
<td>Can't say</td>
<td>23(23.47)</td>
</tr>
<tr>
<td>Total</td>
<td>98(100)</td>
</tr>
</tbody>
</table>
Summing Up:

The term professional worldview has been used in the context of medical professionals, as to and how they perceive the reality around them. Professional worldview is different from religious and political worldview as they have a different sets of ethics, code, conduct and lifestyle.

The chapter has been divided into four parts. In the first part, we have discussed the professional prospects of the two systems. We have discussed the societal perceptions of professional realities in second part. In third part we have discussed inter-professional perceptions and in last part we have tried to highlight the future prospects of the professionals in two systems of medicine.

The data on the above subject revealed that majority of doctors chose medical profession under the influence of parents or teacher, or even sometimes under a situational constrain. The main reason for joining the profession was to have a secured career. Majority of doctors from both the systems were highly qualified. Doctors of Allopathic systems felt equally bad on the death of patients whereas Ayurvedic doctors take them in routen manner. Majority of Ayurvedic doctors do not get emergency calls. Allopathic doctors attend conferences
and symposia more frequently than the Ayurvedic doctors. Doctors were aware of medical ethics but they practice it according to their convenience. They don’t keep the life history of the patients but Ayurvedic doctors inquire about the life history more than the Allopathic doctors. Allopathic doctors are able to avoid emotional involvement more than the Ayurvedic doctors. Their relationship with the patients are generally very cordial.

Ayurvedic doctors feel themselves more deprived than Allopathic doctors. Almost all the Ayurvedic doctors refer their patients to Allopathic doctors in emergency. Even though Ayurvedic doctors feel that their system is capable enough to match with any system but moan the fact that proper research facilities are not provided to them. There is also no pharmaceutical control by the government on Ayurvedic drugs. In order to improve the status of Ayurvedic system government should provide them proper research facilities.
Notes

12. E.Ginsberg et.al. --Occupational Choice: As Aproach


